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Application Number	10/562,392
Filing Date	18 December 2005
First Named Inventor	Fernando Bouffard Fila
Art Unit	
Examiner Name	
Attorney Docket Number	14455.878US01

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

43,439

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
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OR

☐ Firm or
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Address

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*

☐ *Total of _____ forms are submitted.

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